"Evaluating the Synthetic Drug Control Policy"
Government Reform Committee
Criminal Justice, Drug Policy and Human Resources Subcommittee
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Chairman Souder, Ranking Member Cummings and other distinguished members of the Criminal Justice, Drug Policy and Human Resources Subcommittee, thank you for the opportunity to testify before you today on behalf of Community Anti-Drug Coalitions of America (CADCA) and our more than 5,000 coalition members nationwide. I am very excited to provide you with CADCA's perspective on the 2006 Synthetic Drug Control Strategy.

During my tenure as an OMB Budget Examiner, I had the opportunity to analyze many proposed national strategies on a variety of topics. I know first hand that the ones that had the most impact not only laid out a vision, and measurable goals and objectives, but also had budgetary and other resources allocated to them to ensure they achieved results. The Synthetic Drug Control Strategy (the Strategy) outlines a number of important goals and tools for combating methamphetamine and prescription drug abuse over the next three years. On the surface, it seems comprehensive and inclusive of both supply and demand reduction programs and initiatives. However, upon closer scrutiny the Strategy essentially repackages the Administration's existing budget priorities for enforcement, treatment, and prevention. It totally ignores the key programs that provide the majority of local infrastructure currently operating to address both the supply of, and demand for, methamphetamine in communities where it has emerged as a crisis. The Strategy does not mention the Byrne/JAG program, the State Grants portion of the Safe and Drug Free Schools and Communities (SDFSC) program, the Drug Free Communities (DFC) program, or the Substance Abuse Prevention and Treatment Block Grant. Together these four programs provide core support to communities for local law enforcement, prevention, and treatment efforts to deal with all drug issues, including methamphetamine.

Having worked with CADCA for over 10 years, I have come to appreciate the importance of our nation's drug prevention efforts as the first line of defense in protecting communities from the ravages of drug abuse. CADCA knows that effective prevention is not a "one size fits all" proposition. Successful prevention hinges on the extent to which schools, parents, law enforcement, business, the faith community, and other community groups work comprehensively and collaboratively through community-wide efforts to implement a full array of education, prevention, enforcement and treatment initiatives.

The prevention component of the Strategy starts by referencing NIDA's *Preventing drug use among children and adolescents: A research-based guide*, which is an excellent tool for implementing effective school and community-based approaches. Unfortunately, the remainder of the prevention portion of the Strategy is weak and only highlights three drug prevention programs: the National Youth Anti-Drug Media Campaign (the Media Campaign), the Student

Drug Testing Initiative and the Strategic Prevention Framework State Incentive Grant (SPF SIG) program. CADCA fully supports these three programs as important components of a comprehensive national drug prevention strategy. The issue is that by themselves, these programs do not constitute the necessary community-based infrastructure actually needed to tackle local drug issues, including methamphetamine.

While CADCA is supportive of the Media Campaign and applauds the fact that it has just launched a series of methamphetamine ads, this program, if not reinforced by other comprehensive school and community-based prevention efforts, will not be sufficient to prevent methamphetamine use by itself. Likewise, student drug testing, if not built on a solid foundation of comprehensive prevention/intervention programming, is not capable of effectively preventing methamphetamine use by itself.

The one comprehensive program mentioned in the Strategy is the SPF SIG program. The SPF SIG is a discretionary grant program to states, territories and tribes that relies on comprehensive, community-wide prevention infrastructures, such as anti-drug coalitions, to plan and implement the strategies and programs to meet the actual epidemiological needs of communities. Twenty-four states and two territories currently have SPF SIG grants. SAMHSA anticipates that an additional 12-15 grants will be awarded in FY 2006. Unfortunately, the President's FY 2007 budget request recommends reducing this program by approximately $11 million.

The Strategy totally ignores two of the main federal programs that have been addressing methamphetamine: the DFC program and the State Grants portion of the SDFSC program. These programs are vitally important because they fund community and school-based prevention infrastructures that can immediately incorporate methamphetamine components when this drug is identified as a problem.

We know that people don't usually start their drug abuse and addiction "careers" with methamphetamine. The mean age at which people initiate methamphetamine use is 22. This compares to mean ages of 15.6 for alcohol, 16 for inhalants, 16.2 for cigarettes, 18 for marijuana, and 20 for cocaine (see charts contained in **Attachments 1 and 2**).

The epidemiology of drug use indicates that, over time, use trends often "spread" to other vulnerable groups, and finally to adolescents. Given these facts, we cannot ignore that although methamphetamine is not currently a major issue among most school-aged youth, as measured by national surveys, it could certainly become one. In many communities where methamphetamine is a crisis, methamphetamine use rates for school-aged youth are way above state and national averages for 30 day and lifetime use. We should not center our prevention efforts around national averages and national trends, they must be flexible enough to address local problems before they become national trends.

The prevention lesson that needs to be learned from the epidemiology of methamphetamine use, given its relatively late onset, is that the more successful we are at general prevention of alcohol, tobacco, and marijuana use in younger adolescents, the less we will have to deal with methamphetamine use and addiction in 18 to 24 year olds. We can do this. We have data and outcomes to show that with effective, community-wide drug prevention, which includes

evidence-based school programming, communities are in fact markedly reducing their methamphetamine use rates among school-aged youth.

In conversations that CADCA has had with its member coalitions, it is clear that this is already happening. Coalitions know what drugs the youth of their communities are using, and are taking steps to counteract them. It is, therefore, shortsighted of the Strategy not to mention that methamphetamine prevention is currently being incorporated into existing statewide, school and community-based prevention efforts currently funded through the DFC and SDFSC programs and that these programs have made a difference.

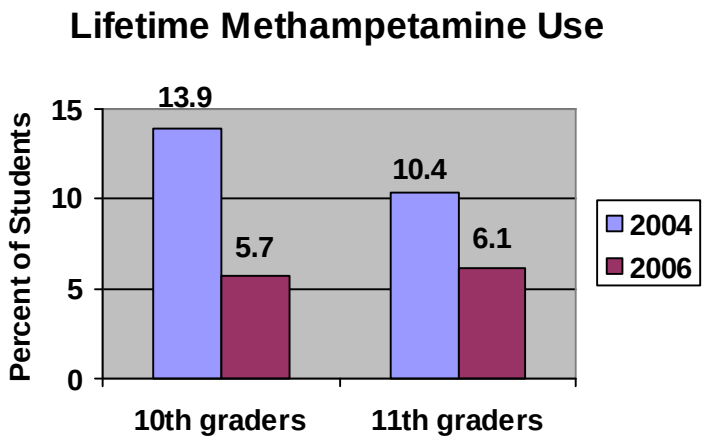
Drug Free Communities Program

The Strategy itself points out that states and cities must be organized to recognize and deal with methamphetamine. Yet it fails to mention, even as a resource, the Drug Free Communities (DFC) program, which has been very successful in identifying and addressing methamphetamine issues in communities where it has emerged as an issue.

Coalitions should be an essential component in any comprehensive methamphetamine strategy because they are data driven, know their community epidemiology and are capable of understanding the multi-sector interventions required to reduce the availability and use of methamphetamine.

Communities with existing anti-drug coalitions can identify and combat methamphetamine problems quickly and before they attain crisis proportions. Methamphetamine is a multi-dimensional problem that demands comprehensive, coordinated solutions involving the collaboration of multiple community sectors that leverage community resources and major levels of citizen involvement. Coalitions throughout the country have effectively responded to the methamphetamine crisis and have seen tremendous reductions in its use. For example, the Salida Build a Generation ® coalition, in Salida, Colorado, has implemented multiple strategies to reduce substance use among youth, utilizing a multi-sector approach. Because the Salida Build a Generation ® coalition uses a data driven approach, it was able to ascertain early on that methamphetamine was an emerging problem in their community. In fact, their local school survey data indicated that when compared to Monitoring the Future (MTF) for the same time period, their community's rate of lifetime methamphetamine use for 10th grade students was 61.9% above MTF.

As a result of implementing a multi-sector approach to combat its methamphetamine issue among school aged youth, the Salida Build a Generation ® coalition has contributed to impressive reductions in methamphetamine use for 10th and 11th graders in the community. For example, the number of 10th grade students reporting lifetime use of methamphetamine decreased at a rate of 59.0%, from 13.9% in 2004 to 5.7% in 2006. Similarly, lifetime use by 11th grade students decreased at a rate of 42.3%, from 10.4% in 2004 to 6.1% in 2006.



To achieve these results, the Salida Build a Generation ® coalition implemented community education forums to involve and educate the community about the dangers of youth drug use, with an emphasis on methamphetamine. They also implemented a "Youth @ Crossroads" program, which works with first-time, non-violent youth offenders who are arrested on methamphetamine, alcohol and other drug-related charges. The "Youth @ Crossroads" program provides a combination of proven prevention education, community service and alternative activities to prevent future problem behavior. The coalition also has developed a social norming campaign, entitled "Now You Know" to educate the community about the perceived vs. actual norms around youth methamphetamine and other alcohol and drug use issues. Taken together, these strategies have led to substantial reductions in methamphetamine use.

Additional examples of how selected DFC grantees have successfully dealt with methamphetamine issues are contained in **Attachment 3.**

The State Grants Portion of the Safe and Drug Free Schools and Communities Program

School-based prevention programs should be a vital component of any comprehensive strategy to deal with methamphetamine. Effective methamphetamine prevention must be built onto a solid foundation of evidence based drug and alcohol prevention strategies and programs.

The State Grants portion of the SDFSC program is the primary source of federal funding for school-based prevention that directly targets all of America's youth in grades K-12 with drug education, prevention, and intervention programming. The program funds essential and effective services including: peer resistance and social skills training, parent education, student assistance, and education about emerging drug trends, such as methamphetamine. It also provides for targeted, coordinated school-community efforts to reduce methamphetamine use among community members. Schools have incorporated methamphetamine education into existing evidence-based programs when methamphetamine is identified through school surveys as an issue. This program has contributed to significant reductions in methamphetamine use among school-aged youth in many of the states that have been hardest hit by the methamphetamine epidemic. For example:

California – Between 1997 and 2002 the California SDFSC program contributed to a decrease of 52.9% in past 30 day methamphetamine use among 9th graders. In 1997, 3.4% of respondents reported using methamphetamine in the past 30 days, while in 2002 only 1.6% of respondents had used methamphetamine for the same time period (California Student Survey, 1997 & 2002).

Hawaii – Between 1998 and 2002 the Hawaii SDFSC program contributed to a decrease of 37.3% in lifetime methamphetamine use among 10th graders. In 1998, 6.7% of respondents reported using methamphetamine in their lifetime, while in 2002 only 4.2% of respondents had used methamphetamine in their lifetime (Hawaii Student Alcohol, Tobacco and Other Drug Use Study, 2002).

Idaho – Between 1996 and 2004 the Idaho SDFSC program contributed to a decrease of 51.9% in lifetime methamphetamine use among 12th graders. In 1996, 10.4% of respondents reported using methamphetamine in their lifetime, while in 2004 only 5.0% of respondents reported methamphetamine use in their lifetime (Idaho Survey, 1996 and SDFS Survey, 2004).

Massachusetts – Between 1999 and 2003 the Massachusetts SDFSC program contributed to a decrease of 44.1% in lifetime methamphetamine use among 11th graders. In 1999, 9.3% of respondents reported using methamphetamine in their lifetime, while in 2003 only 5.3% of respondents reported methamphetamine use in their lifetime (Youth Risk Behavior Survey Results for Massachusetts, 2003).

Additional examples of statewide outcomes for methamphetamine achieved by the State Grants portion of the SDFSC program are contained in **Attachment 4**.

In addition, the 20% Governor's set aside from the State Grants portion of the SDFSC program also has been used to address methamphetamine issues in many states. For example, Washington State has used money from the 20% set aside to develop Meth Action Teams in every county in the State. These teams all include law enforcement as well as the other key community sectors, such as: local government; schools; health departments; and community leaders. These Meth Action Teams focus on reducing methamphetamine use through comprehensive community wide strategies to address the supply of, and demand for, methamphetamine on a county-wide basis through enhanced enforcement, environmental strategies and community trainings to raise awareness about methamphetamine (see **Attachment 5**).

The Administration's proposal to eliminate the State Grants portion of the SDFSC program would decimate the nation's school-based substance abuse prevention infrastructure. Research has found that adolescents in small towns and rural areas are quite vulnerable to methamphetamine use, given the power of peer influences in rural environments and the historic appeal of stimulant drugs to rural youth.[1] Rural and frontier communities, where methamphetamine production and use inflict the greatest harm, would be left with virtually no school-based drug prevention programming if the Administration's proposal is carried out.

[1] Wermuth, Laurie. (2000). *Journal of drug education.* "Methamphetamine use: Hazards and social influences." 30(4). 423-433.

The SDFSC program is the cornerstone of school-based drug prevention and intervention activities. Without it there would be no staff in our nation's schools with the responsibility to provide general drug education and specialized programming for specific drugs such as methamphetamine. Congress needs to intervene again this year to ensure that this program is not only sustained, but funded at the highest possible level.

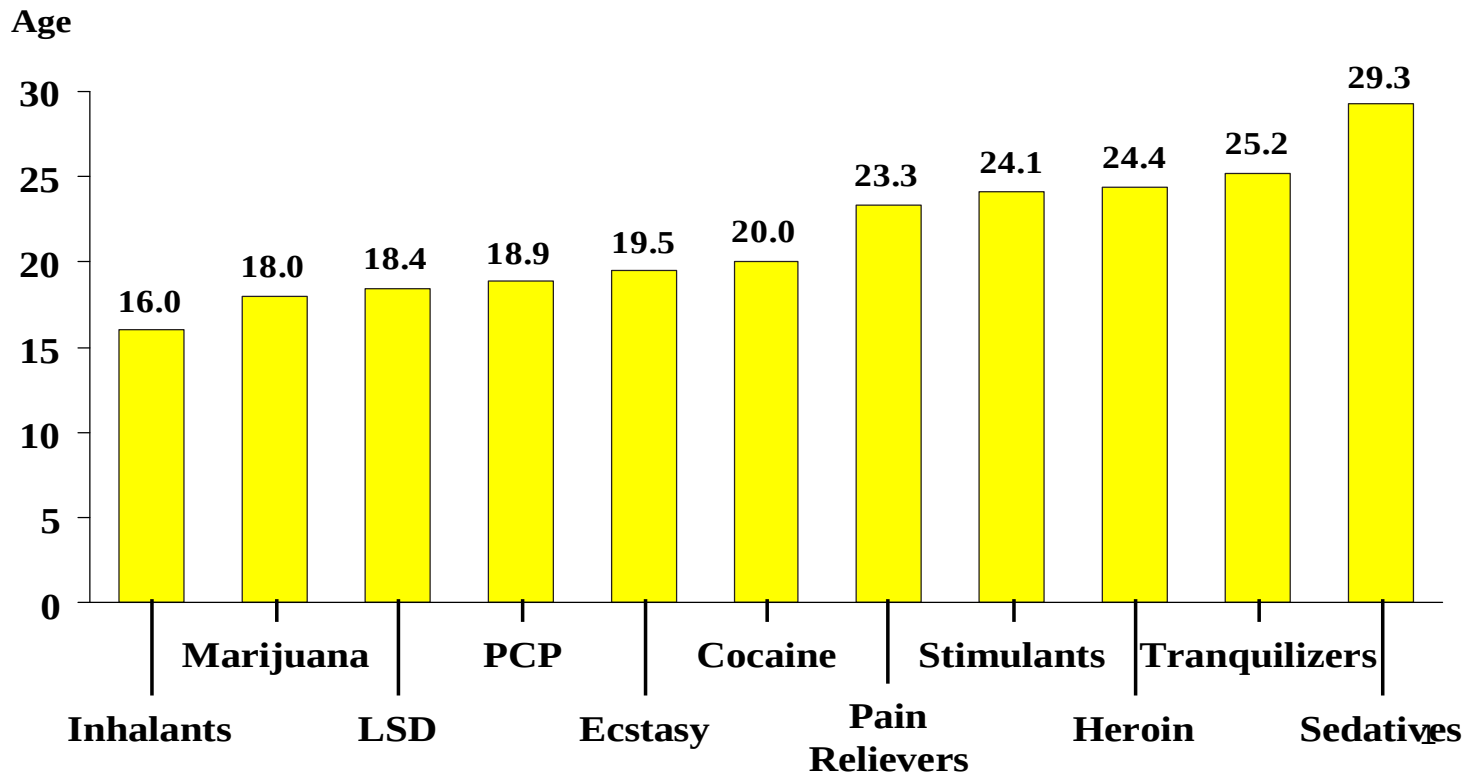
Conclusion

Methamphetamine is a tricky drug epidemic. While it does not appear from an epidemiological perspective to be a national drug crisis, it is definitely a major local and regional drug epidemic in many areas of the country. In that same vein, although methamphetamine looks like it is not a big drug issue among 8th, 10th, and 12th graders based on MTF, this national data set masks the fact that many communities are seeing methamphetamine statistics for these same grade levels, far in excess of what MTF is measuring in its national survey sample. For this reason, it is not valid to look only at national survey data as indicative of the methamphetamine crisis. It is crucial that states and communities collect and analyze local data to enable them to recognize and immediately respond to emerging methamphetamine use trends among adults and adolescents.

There will always be new and emerging drug trends. Communities and schools must have the effective prevention infrastructures in place to deal with all drug and alcohol issues, including new and emerging drugs, such as methamphetamine. Media campaigns and boutique programs, such as the Student Drug Testing Initiative, are beneficial but not sufficient to provide the organized, stable, and effective school and community-wide prevention systems required to implement evidence-based programs and data driven strategies to deal with community drug issues over time. As my testimony has shown, communities with these capabilities have actually beaten back their emerging methamphetamine problems before they have reached crisis proportions.

Attachment 1

Mean Age for Past Year Initiates, by Illicit Drug: 2004



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004

Attachment 2

Table 4.34B Mean Age at First Use among Past Year Initiates of Substance Use Aged 12 or Older, by Gender: 2003 and 2004

Substance	MEAN AGE					
	Total		Male		Female	
	2003	2004	2003	2004	2003	2004
ILLICIT DRUG[1]	19.7	20.1	17.7	18.5	21.2	21.2
Marijuana and Hashish	17.5	18.0	17.8	16.7	17.2	19.0
Cocaine	19.8	20.0	20.0	20.0	19.7	20.2
Crack	22.9	21.9	23.8	20.5	21.9	23.1
Heroin	20.9	24.4	21.5	22.7	19.8	26.4
Hallucinogens	17.9	18.7	18.6	18.7	17.2	18.7
LSD	17.2	18.4	17.9	18.2	16.2	18.6
PCP	17.4	18.9	17.4	17.7	17.4	20.3
Ecstasy	19.7	19.5	20.2	20.5	19.2	18.3
Inhalants	16.0	16.0	16.5	15.7	15.5	16.3
Nonmedical Use of Psychotherapeutics[2]	23.9	24.7	19.8	24.1	26.4	25.1
Pain Relievers	24.0	23.3	20.0[a]	22.9	26.8	23.8
OxyContin®	--	24.5	--	25.2	--	23.6
Tranquilizers	22.9[a]	25.2	21.1	23.1	24.0	26.5
Stimulants	22.1	24.1	19.3	27.2	23.8	21.7
Methamphetamine	20.4	22.1	19.9	20.8	20.8	23.1
Sedatives	31.1	29.3	19.1	21.6	37.3	33.1
ILLICIT DRUG OTHER THAN MARIJUANA[1]	21.7	21.7	18.3[a]	20.5	24.2	22.7
CIGARETTES	16.9	16.7	16.6	16.6	17.1	16.8
Daily Cigarette Use[3]	19.8	18.8	18.1	19.0	21.2[a]	18.6
SMOKELESS TOBACCO	18.3	19.7	17.9	19.1	19.4	21.3
CIGARS	21.2	21.3	19.5	20.1	23.1	22.7
ALCOHOL	16.5	17.5	16.3	16.6	16.6	18.3

* Low precision, no estimate reported.
-- Not available.
NOTE: Past Year Initiates are defined as persons who used the substance(s) for the first time in the 12 months prior to date of interview.

[a] Difference between estimate and 2004 estimate is statistically significant at the 0.05 level.
[b] Difference between estimate and 2004 estimate is statistically significant at the 0.01 level.

[1] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.
[2] Nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, or sedatives; does not include over-the-counter drugs.
[3] Daily Cigarette Use is defined as ever smoking every day for at least 30 days.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003 and 2004.

Attachment 3

How Community Anti-Drug Coalitions Deal With Methamphetamine

Community anti-drug coalitions deal with the methamphetamine issue in a coordinated, comprehensive and data-driven manner. They collect and analyze baseline data to identify and address the methamphetamine problem. This is collected from student surveys, law enforcement, prisons, jails, retail stores, treatment and other social service providers. Coalitions use this data to determine and implement a comprehensive array of evidence based strategies and programs to best prevent and address the methamphetamine problems in their communities. They recognize that all sectors of the community (*e.g.*, schools, law enforcement, parents, businesses, etc.) must be involved if they are to successfully prevent and combat methamphetamine. The programs, strategies, and activities that coalitions have implemented to combat methamphetamine include:

- Building community awareness by educating citizens as to how to identify and report methamphetamine activity;
- Supporting methamphetamine awareness trainings (attended by real estate agents, property managers, substance abuse counselors, school personnel, health care professionals, ambulance, law enforcement personnel, hotel/motel managers, local service clubs, firemen, judges, business groups, parents, probation, and citizens) that provide details about how to identify methamphetamine labs and dump sites, and how to identify when someone may be under the influence of methamphetamine;
- Providing emergency personnel with current information for the recognition of methamphetamine and how to respond;
- Providing training to social workers and others who enter homes where methamphetamine activity may take place;
- Providing targeted education and peer resistance skills to youth within the community by partnering with programs such as the Safe and Drug Free Schools and Communities program to ensure that effective prevention curricula and programming are implemented at the school level;
- Providing community members with resource materials, including methamphetamine prevention kits;
- Supporting the implementation of drug-endangered children programs;
- Supporting local methamphetamine summits for concerned community members, often attended by hundreds of local residents;
- Supporting collaboration between local law enforcement and retail merchants to address theft of precursor chemicals and “suspicious” methamphetamine -related purchases;
- Supporting methamphetamine tip lines to inform law enforcement of methamphetamine problems; and
- Finding the resources needed for communities to quickly implement proven strategies to combat methamphetamine

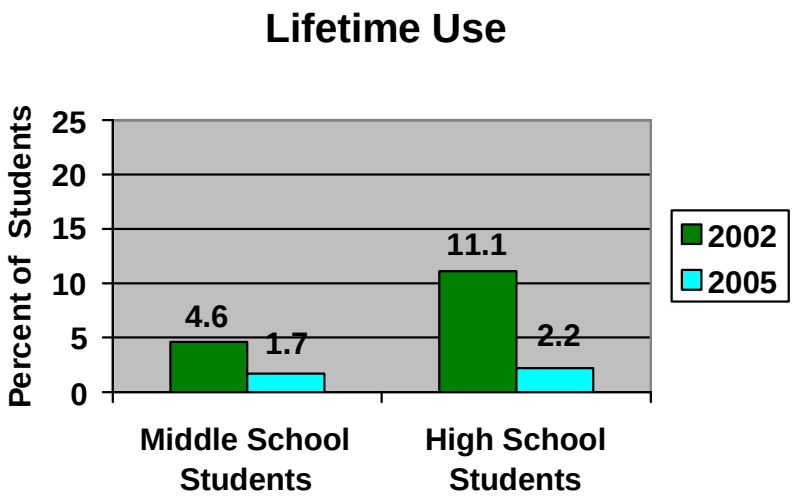
Examples of How DFC Grantees Have Successfully Reduced Methamphetamine Use

Community Anti-Substance-Abuse Efforts Coalition, Bonifay, Florida

The Countywide Anti Substance-Abuse Efforts (CASE) Coalition in Bonifay, Florida has implemented multiple strategies to reduce substance use among youth, utilizing a multi-sector approach, including, but not limited to: the health department; Holmes County School Board and school principals; law enforcement; parents; youth; the Board of County Commissioners; Clerk of the Court and other court officials; area treatment providers; the Department of Juvenile Justice; members of the business community; and religious institutions.

As a result of its multi-sector approach, the CASE Coalition has contributed to impressive reductions in methamphetamine use within the community. For example, the number of middle school students reporting lifetime use of methamphetamine decreased at a rate of 63.0%, from 4.6% in 2002 to 1.7% in 2005. The number of high school students reporting lifetime use of methamphetamine decreased at a rate of 80.2%, from 11.1% in 2002 to 2.2% in 2005.

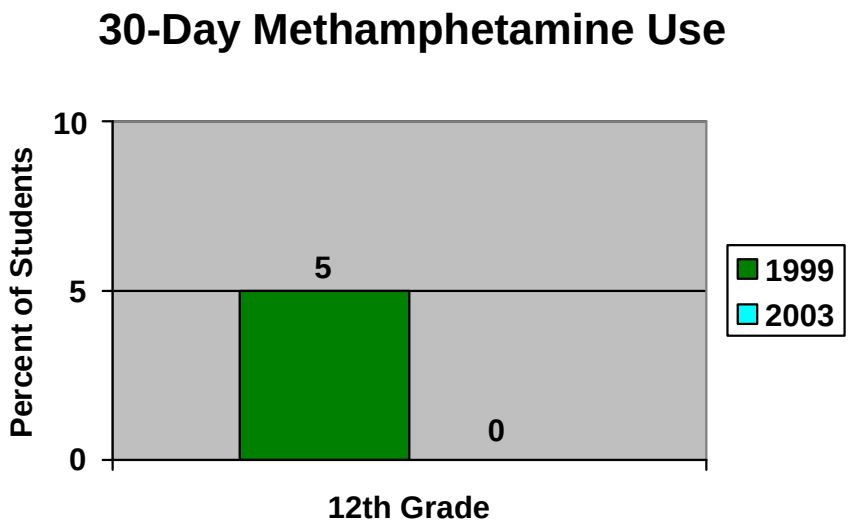
To achieve these impressive results, the CASE coalition implemented an array of comprehensive, data driven strategies, including, but not limited to: providing community-wide methamphetamine awareness and education presentations; initiating anti-methamphetamine forums, press releases and direct mailings to key business and community leaders about methamphetamine; establishing a local anti-methamphetamine advertising campaign; creating and disseminating a Methamphetamine Awareness Neighborhood Resource Guide to all households within the county; and establishing and providing support for neighborhood watch groups that the Holmes County Sheriffs Department identified as the highest crime/arrest areas for methamphetamine.



Project Radical in Reinbeck, Iowa

Project Radical has achieved impressive reductions in methamphetamine use in Reinbeck, Iowa. It contributed to a decrease in past 30 day methamphetamine use by 12th graders, from 5% in 1999 to 0% in 2003, resulting in a 100% rate of change (American Drug and Alcohol Survey, 2003).

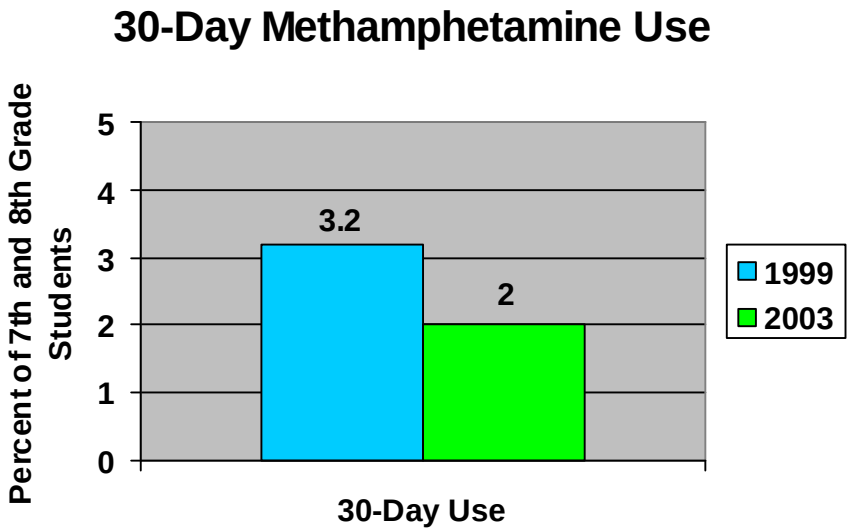
To achieve these results, the Project Radical Coalition collaborated with multiple community partners. In conjunction with SDFSC program coordinators, the coalition developed a state certified mentoring program and became a certified SAFE (Substance Abuse Free Environment) community. Funding from the SDFSC program was also used to purchase and implement science-based curricula for the Strengthening Families, Project Alert and Life Skills Training prevention programs. Through collaboration with community members, local businesses and law enforcement officials, Project Radical was able to implement the MethWatch program in their community. The MethWatch program promotes cooperation between retailers and law enforcement to curtail the theft and suspicious sales of products used to manufacture methamphetamine. In addition, the cooperation of multiple community sectors also helped to create the Get a Grip program, which focuses on youth substance abuse screening, intervention and treatment referrals.



Phillips County Coalition for Healthy Choices in Malta, Montana

Another example of the significant outcomes that can be achieved when multiple community sectors, including schools, law enforcement, parents, the media and service organizations, collaborate to address methamphetamine use is the Phillips County Coalition. This DFC grantee contributed to reducing the number of 7th and 8th graders in Phillips County, Montana who reported using methamphetamine in the last 30 days at a rate of 37.5%, from 3.2% in 1999 to 2.0% in 2003. This is a significant reduction when considering that the average 30 day use of methamphetamine in middle schools throughout the state of Montana is 4.6%.

To achieve these successes the coalition implemented numerous strategies aimed at the reduction of methamphetamine use, including: 1) school-based activities; 2) public service announcements; 3) collaborating with the media to expand local news coverage on this issue; 4) parent education; and 5) community-wide training opportunities to provide the public with accurate information about the effects of methamphetamine production and use.



Attachment 4

Significant Methamphetamine Outcomes from the State Grants Safe and Drug Free Schools and Communities Program

The SDFSC program has capitalized on the fact that it has unprecedented access to school-aged youth throughout the country and is providing them and their parents/caregivers with the information and education necessary to reduce methamphetamine use. As a result, SDFSC programs throughout the country have achieved significant results in reducing youth methamphetamine use.

California – Between 1997 and 2002 the California SDFSC program contributed to a decrease of 52.9% in past 30 day methamphetamine use among 9th graders. In 1997, 3.4% of respondents reported using methamphetamine in the past 30 days, while in 2002 only 1.6% of respondents had used methamphetamine for the same time period (California Student Survey, 1997 & 2002).

Florida – Florida's SDFSC program contributed to a decrease of 50.0% in lifetime methamphetamine use among 12th graders, down from 2.8% in 2001 to 1.4% in 2005 (Florida Youth Substance Abuse Survey, 2005).

Hawaii – Between 1998 and 2002 the Hawaii SDFSC program contributed to a decrease of 37.3% in lifetime methamphetamine use among 10th graders. In 1998, 6.7% of respondents reported using methamphetamine in their lifetime, while in 2002 only 4.2% of respondents had used methamphetamine in their lifetime (Hawaii Student Alcohol, Tobacco and Other Drug Use Study, 2002).

Idaho – Between 1996 and 2004 the Idaho SDFSC program contributed to a decrease of 51.9% in lifetime methamphetamine use among 12th graders. In 1996, 10.4% of respondents reported using methamphetamine in their lifetime, while in 2004 only 5.0% of respondents reported methamphetamine use in their lifetime (Idaho Survey, 1996 and SDFS Survey, 2004).

Kansas – Kansas' SDFSC program contributed to a decrease of 54.3% in past 30 day methamphetamine use among 8th graders, down from 2.2% in 1997 to 1.0% in 2003 (Kansas Communities that Care Survey, 2003).

Maine – Between 2000 and 2004 the Maine SDFSC program contributed to a decrease of 57.9% in lifetime use of methamphetamine among 8th graders, from 5.7% in 2000 to 2.4% in 2004. Similarly, it contributed to a decrease of 56.2% in lifetime methamphetamine use among 12th graders, from 14.6% in 2000 to 6.4% in 2004 (The Maine Youth Drug and Alcohol Use Survey, 2004).

Massachusetts – Between 1999 and 2003 the Massachusetts SDFSC program contributed to a decrease of 44.1% in lifetime methamphetamine use among 11th graders. In 1999, 9.3% of respondents reported using methamphetamine in their lifetime, while in 2003 only 5.3% of respondents reported methamphetamine use in their lifetime (Youth Risk Behavior Survey Results for Massachusetts, 2003).

Pennsylvania – Between 2001 and 2003 the Pennsylvania SDFSC program contributed to a decrease of 31.8% in lifetime methamphetamine use among 12th graders. In 2001, 4.4% of respondents reported using methamphetamine in their lifetime, while in 2003 only 3.0% of respondents had used methamphetamine in their lifetime (Pennsylvania Youth Survey, 2003).

Washington – Between 2000 and 2002 the Washington SDFSC program contributed to a decrease of 17.2% in lifetime methamphetamine use among 12th graders. In 2000, 2.9% of respondents reported using methamphetamine in their lifetime, while in 2002 only 2.4% of respondents reported using methamphetamine in their lifetime (Washington's Healthy Youth Survey, 2000 & 2002).

Vermont – Vermont's SDFSC program contributed to a decrease in lifetime methamphetamine use of among 11th and 12th graders by 28.5% and 33.3% respectively. In 2001 7.0% of 11th graders and 9.0% of 12th graders reported ever having used methamphetamine. In 2005 those statistics went down to 5.0% and 6.0% respectively (Youth Risk Behavior Survey Results for New Hampshire, 2005).

Attachment 5

Twenty Percent Governor's Set Aside From the State Grants portion of the SDFSC Program Addresses Methamphetamine

Many states experiencing severe methamphetamine problems are using funds from their Governor's set asides to set up methamphetamine task forces at the state and community levels.

Washington State Meth Action Teams

In 2003 county "Meth Action Teams," a statewide infrastructure, were put into place to impact the methamphetamine problem in each county in Washington. Four counties joined together in consortia resulting in 37 Meth Action Teams (MATs) within the 39 Washington State counties.

Local MATs were implemented using the existing "Community Mobilization Against Substance Abuse and Violence" program structure in each county. The Community Mobilization (CM) Program came into existence in 1989 as a result of Washington's Drug Omnibus Act of 1989. To impact the methamphetamine problem in their communities, local MATs are co-convened in each county by the county sheriff and the CM coordinator. They undertake a multi-pronged approach, including law enforcement, prevention, and treatment.

The current MATs are reflective of their rural/urban communities and typically include the following representatives who work together to address the methamphetamine problem within each county:

- Media
- Law enforcement
- Health Department (public health)
- Child Protective Services
- Treatment
- Business
- Retailers (drug store pharmacies and agriculture)
- Education (school districts, educational service districts)
- Youth
- Realtors/landlords
- Local government (city, county)
- Medical/dental
- Neighborhood leaders
- Concerned community members
- Local elected officials
- Corrections
- Prosecution
- Ecology
- Customs/Immigration Naturalization Services
- Alcohol, Tobacco and Firearms
- Legislative aides
- Congressional aides

These county MATs conduct the following activities to address methamphetamine production and abuse within their counties:

- Retailer education concerning sales of precursor chemicals (drugstore, pharmaceutical, farm supply, supermarkets, convenience stores, pharmacies, and hardware stores)
- Address dumping of methamphetamine waste in rural, isolated areas

- Neighborhood block parties and other community education events concerning methamphetamine issues
- Law enforcement education
- Collaboration between law enforcement and retail merchants to address theft of precursor chemicals and "suspicious" methamphetamine -related transactions
- Production of methamphetamine education materials for community members in English, Spanish, Korean, and Laotian
- Methamphetamine awareness trainings for real estate agents, property managers, substance abuse counselors, home visitors, hotel/motel managers, local service clubs, firemen, judges, business groups, parents, probation, and citizens. Trainings explain how to identify methamphetamine labs and dump sites, and how to identify when someone may be under the influence of methamphetamine.
- Educational media in rural counties including newspaper ads, television commercials, and local cinema, as well as 4-H events and "sobriety camp" for families on tribal lands
- Educational outreach to elementary school children
- Farmer education
- Development of volunteer speakers' bureaus to continue community
- Methamphetamine "tip" lines to inform law enforcement of methamphetamine problems
- Physical impacts of methamphetamine on the abuser
- Identify theft and it's relationship to methamphetamine abuse
- Adopting laws to reduce availability of methamphetamine precursors
- Children endangered by drug labs and drug use
- Development of drug-endangered children protocols for social services, law enforcement and child protective services to follow when children are found in labs
- Promotion and recruitment of foster families for drug-endangered children
- Drug courts for juveniles
- Local methamphetamine and youth Summits for community members

Idaho Meth Task Force

The State of Idaho has used a portion of its 20% Governor's set aside to address methamphetamine, and has developed a Meth Task Force comprised of community members throughout the state to address this issue. A primary goal of the Task Force is to develop and distribute methamphetamine tool kits to communities in the state. These kits will include videos, charts, posters, brochures and various informational articles focusing on methamphetamine prevention. In recent years, Idaho has seen great decreases in the prevalence of methamphetamine use. For example lifetime use of methamphetamine among 12^{th} graders decreased at a rate of 51.9%, from 10.4% in 1996 to 5.0% in 2004. Similarly,

lifetime use of methamphetamine among 10th graders has decreased by 41.0%, from 6.9% in 1998 to 4.6% in 2004.

Ohio Resource Network

The Ohio Resource Network (ORN) is funded in part with Title IV Safe and Drug Free Schools dollars. This year, it invested $10,000 in delivering four regional workshops on methamphetamine prevention and drug exposed children; three sessions have been conducted thus far, which have attracted 99 participants from law enforcement, education, and social services agencies.

ORN also coordinates an early warning network. In October of 2004, an alert was released on methamphetamine to approximately 1,400 professionals from law enforcement, juvenile justice, education, health, and social services who serve as points of contact in their community. Recipients often forward the alerts on to persons and places where it can really be used—in a survey of recipients last year, we learned it was eventually distributed to more than 19,000 people.